

<i>SERFF Tracking Number:</i>	<i>ABAI-125814970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40269</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>UL riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: UL riders

SERFF Tr Num: ABAI-125814970

State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40269

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kim Hefner

Disposition Date: 10/27/2008

Date Submitted: 09/15/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Government Personnel Mutual Life Insurance Company (GPM), I hereby submit the above referenced forms for review and approval. A letter authorizing Allen Bailey and Associates to file on the company's behalf is enclosed.

These rider forms will be used with universal life policy form 59C UL2008 which is currently pending approval at your department . These riders offer supplemental benefits as described and detailed in the rider forms. Actuarial memorandums are included for the riders.

SERFF Tracking Number: ABAI-125814970 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 40269
Company

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: UL riders

Project Name/Number: /

These forms are in final print format; however we reserve the right to change the format of the forms due to technological advances.

Company and Contact

Filing Contact Information

(This filing was made by a third party - allenbaileyandassociatesinc)

Kim Hefner, Compliance Manager khefner@allenbailey.com
8310 Capital of Texas Hwy North (512) 502-8800 [Phone]
Austin, TX 78731 (512) 502-8638[FAX]

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
Company
Post Office Box 659567 Group Code: Company Type: Life
San Antonio, TX 78265 Group Name: State ID Number:
(210) 357-2222 ext. [Phone] FEIN Number: 74-0651020

Filing Fees

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? Yes
Fee Explanation: 5 forms at \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$250.00	09/15/2008	22502833

SERFF Tracking Number:	ABAI-125814970	State:	Arkansas
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Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	UL riders		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/27/2008	10/27/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
waiver of cost Form of insurance rider		Kim Hefner	09/16/2008	09/16/2008

<i>SERFF Tracking Number:</i>	<i>ABAI-125814970</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>UL riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ABAI-125814970 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40269

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: UL riders

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	cover letter		Yes
Supporting Document	actuarial memorandum		No
Supporting Document	stmt of variability		Yes
Supporting Document	marketing disclosure		Yes
Form	accidental death benefit rider		Yes
Form	additional term insurance rider		Yes
Form	other insured term insurance rider		Yes
Form (revised)	waiver of cost of insurance rider		Yes
Form	waiver of cost of insurance rider		No
Form	guaranteed benefit increase option rider		Yes

SERFF Tracking Number: ABAI-125814970 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40269

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: UL riders

Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 09/16/2008

Comments:

correct typo on last page of form 59J COI08

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:								
Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
59J COI08	Policy/Contr	waiver of act/Fraternal cost of Certificate: insurance Amendment, rider Insert Page, Endorsemen t or Rider	Initial					59J COI08-Basic-Bookmarked.pdf

SERFF Tracking Number: ABAI-125814970 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40269

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: UL riders

Project Name/Number: /

Form Schedule

Lead Form Number: 59K UAD08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	59K UAD08	Policy/Cont accidental death ract/Fratern benefit rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			59K UAD08- Basic- Bookmarked. pdf
	59H AIR08	Policy/Cont additional term ract/Fratern insurance rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			59H AIR08- Basic- Bookmarked. pdf
	59I OIR08	Policy/Cont other insured term ract/Fratern insurance rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			59I OIR08- Basic- Bookmarked. pdf
	59J COI08	Policy/Cont waiver of cost of ract/Fratern insurance rider al Certificate:	Initial			59J COI08- Basic- Bookmarked. pdf

SERFF Tracking Number: ABAI-125814970 State: Arkansas
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Company
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: UL riders
Project Name/Number: /

Amendmen
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Endorseme
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59L GBI08 Policy/Cont guaranteed benefit Initial
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59L GBI08-
Basic-
Bookmarked.
pdf

ACCIDENTAL DEATH BENEFIT RIDER - UL

General Provisions and Definitions.

This rider gives added benefits, and is part of the Policy to which it is attached.

Consideration for it is the application and deduction of its monthly cost shown on the Schedule Page of the Policy.

The date this rider takes effect is the issue date, or other date shown on the amended Schedule Page of the Policy, if added after the Policy is issued.

We, Us, Our - means Government Personnel Mutual Life Insurance Company (GPM).

You, Your - means the Owner of this Policy.

He, His, Him - means persons of either sex.

What Do We Mean by Accidental Death?

A1 Payment under this rider will be subject to the terms of the Policy and this rider. We will pay the amount of the accidental death benefit as part of the Policy's death benefit Proceeds if We receive due proof that:

- (1) The Insured's death resulted from accidental bodily injury;
- (2) The Insured died before the Policy Anniversary on or next following the Insured's 70th birthday;
- (3) The accident was proved by one of these:
 - (a) A visible contusion or wound that can be seen on the outside of the body;
 - (b) An internal injury as shown by autopsy; or
 - (c) Accidental drowning.

We reserve the right to obtain, at Our expense, an autopsy, unless prohibited by law.

Some Risks Are Not Covered.

A2 We will not pay this benefit if the Insured dies before His first birthday. Nor will We pay if:

- (1) Death of the Insured is contributed to or caused by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane.
- (2) Death of the Insured is contributed to or caused by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity.
- (3) Death of the Insured is contributed to or caused by an infection not occurring as a direct result or consequence of the accidental bodily injury;
- 4(a) The Insured received injuries while He was committing a felony or trying to commit one, or while resisting arrest.
- 4(b) Death of the Insured is contributed to or caused by participation in an illegal occupation or activity;
- 4(c) Death of the Insured occurs while the proposed Insured is incarcerated.
- 5(a) Death of the Insured is contributed to or caused by travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
- 5(b) Death of the Insured is contributed to or caused by travel in an aircraft or device used for testing or experimental purposes, used for travel beyond the earth's atmosphere.
- (6) Injuries resulting from war, declared or not, or any act of war or aggression, insurrection, or riot.
- (7) Death of the Insured is contributed to or caused by:
 - (a) The Insured's voluntarily being intoxicated, as defined by the jurisdiction where the accident occurred, or under the influence of any drug unless prescribed or administered by a physician and taken in accordance with the physician's instructions;
 - (b) Poison, gas or fumes, unless a direct result of an occupational accident.

ACCIDENTAL DEATH BENEFIT RIDER - Continued

- 8(a) Death of the Insured is contributed to or caused by riding or diving an air, land or water vehicle in a race, speed or endurance contest;
- 8(b) Death of the Insured is contributed to or caused by bungee jumping;
- 8(c) Death of the Insured is contributed to or caused by rock or mountain climbing; and/or
- 8(d) Death of the Insured is contributed to or caused by aeronautics (hang-gliding, skydiving, parachuting, ultralight flight, soaring, ballooning and parasailing).
- 9) Injuries or disease which occur while this rider was not in force, or while the Policy remained in force under any of its Nonforfeiture terms, except that disability results from injury or disease existing at the time this rider was issued if such injury or disease was disclosed in the application.

How and When Benefits Cease.

A3 This rider will terminate:

- (1) Upon the Policy Anniversary on or next following Insured's 70th birthday, or when the Policy is surrendered or expires, if earlier; or
- (2) If You write Us to drop this rider.

Our Right to Contest is Limited.

A4 We cannot contest this rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date, except for fraud and/or non-payment of a needed premium.

If this rider is reinstated, We will not contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)



C. Alan Ferguson
Secretary

ADDITIONAL TERM INSURANCE RIDER

RENEWABLE AND CONVERTIBLE

Definitions.

A1 Terms used in this rider shall have the same meanings as are set forth in the Policy to which this rider is attached unless otherwise defined in this rider.

The Benefit.

A2 Subject to the terms of this rider, We will pay the amount of this rider shown on the Policy Schedule to the beneficiary of the Policy as soon as practicable after We receive due proof of the death of the Insured and the right of the claimant to Proceeds while this rider is in force.

Death Benefit Changes.

A3 If You satisfy the requirements which follow, You may change the amount of this rider, after the rider has been in effect for one (1) year, by notice to Us.

- (1) No increase or decrease may be less than \$5,000.
- (2) A decrease will be effective on the Monthly Anniversary Date following Our receipt of the request. Any reduction will be in the following order:
 - (a) Against the most recent increase in insurance;
 - (b) Against the next most recent increases in order;
 - (c) Against the initial amount of this rider.
- (3) Any increase will require proof of insurability. An approved increase will have an effective date as shown on an amended Policy Schedule. The cost of insurance will not exceed the amount shown on the supplemental table of the same date.
- (4) The death benefit of this rider after any requested change must be at least \$10,000.

A4 No increase may occur after the Insured's 75th birthday.

A5 We may refuse any change You request which would disqualify this rider and the Policy as a life insurance Policy under the Internal Revenue Code for federal income tax purposes.

Cost of Insurance.

A6 The monthly cost of insurance for this rider is the amount of this rider shown on the Policy Schedule times the cost of insurance rate shown in the Policy. The cost of insurance rate is determined by the sex, Attained Age and Underwriting Class of the Insured. The cost of insurance is determined each month by using the Insured's Age on the prior Policy Anniversary date. We may use lower rates than the guaranteed cost of insurance rates.

Conversion.

A7 You may convert all or part of the amount of insurance of this rider by increasing the specified amount of the basic Policy if:

- (1) The rider termination date shown on the Policy Schedule has not been reached;
- (2) The Policy has not reached the anniversary date at Insured's Age 65;
- (3) Insurance has been in force at least one (1) year;
- (4) Monthly deductions for this Policy are not being waived under a waiver of cost of insurance for total disability rider; and
- (5) You complete and sign Our application for conversion.

A8 Conversion will be at the then Attained Age of the Insured, using rates then in effect for the sex and Underwriting Class for the Insured as shown on the Policy Schedule, with no need to give Us proof of insurability

Incontestability.

A9 We may not contest this rider after it has been in force during the lifetime of the Insured for two (2) years from the effective date of this rider, except for increases in amount, fraud and/or non-payment of a needed premium. Further, We may not contest any increase in the amount of

ADDITIONAL TERM INSURANCE RIDER - Continued

RENEWABLE AND CONVERTIBLE

this rider after the increase has been in effect during the lifetime of the Insured for two (2) years from the effective date of the increase, except for fraud and/or non-payment of a needed premium.

If this rider is reinstated, We cannot contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

A10 We cannot contest this rider or any benefits increased after the Policy date unless:

- (1) An answer in the application for the rider or increased benefits was not true or complete; and
- (2) If We had known the truth, We would not have issued this rider at the Underwriting Class shown on the Policy Schedule or increased the benefits at the Underwriting Class shown on the amended schedule.

Reliance.

A11 We have issued this rider in reliance on the statements made in the applications. These statements are representations and not warranties. No statement will cause this rider to be rescinded or will be used in defense of a claim unless contained in a written application. Read the application for this rider. If any statement is not true or complete, please tell Us.

Suicide.

A12 We will not pay if the Insured commits suicide (while sane or insane) within two (2) years

from the effective date of this rider. We will terminate this rider and pay the beneficiary the costs of insurance for this rider. Neither will We pay the amount of any requested increase in the amount of this rider if the Insured commits suicide (while sane or insane) within two (2) years from the effective date of the increase. We will pay the beneficiary the costs of insurance for such increase. When the laws of the state in which this rider is delivered require less than this two (2) year period, the period will be as stated in such laws.

Misstatement of Age or Sex.

A13 If any Insured's Age or sex has been misstated, We will adjust all benefits to the amount that would have been provided by the cost of insurance paid on the Monthly Anniversary Date preceding death using the correct Age and sex.

General Provision.

A14 This rider when shown on the Policy Schedule is part of the Policy to which it is attached. The date this rider takes effect is the issue date, or other date shown on the amended Schedule Page of the Policy, if added after the Policy is issued.

Termination.

A15 This rider will terminate when:

- (1) It reaches the termination date of this rider shown on the Policy Schedule;
- (2) You request it by written notice to Us; or
- (3) The Policy terminates.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)



C. Alan Ferguson
Secretary

OTHER INSURED TERM INSURANCE RIDER

RENEWABLE AND CONVERTIBLE

Definitions.

01 Terms used in this rider shall have the same meanings as are set forth in the Policy to which this rider is attached unless otherwise defined in this rider.

The Benefit.

02 Subject to the terms of this rider, We will pay the amount of this rider shown on the Policy Schedule to the beneficiary of the Policy as soon as practicable after We receive due proof of the death of the Other Insured(s) named on the Policy Schedule while this rider coverage is in force. The amount of this rider for each Other Insured shall not exceed the specified amount of the Policy to which it is attached.

Extended Insurance Benefit.

03 If the Insured dies while this rider is in force, this rider will remain in force for thirty-one (31) days from the date the Insured dies. There will not be any cost of insurance for these thirty-one (31) days. This rider will terminate at the end of the thirty-one (31) days unless it has been converted as provided below.

Death Benefit Changes.

04 If You satisfy the requirements which follow, You may change the amount of this rider, after the rider has been in effect for one (1) year, by notice to Us.

- (1) No increase or decrease may be less than \$5,000.
- (2) A decrease will be effective on the Monthly Anniversary Date following Our receipt of the request. Any reduction will be in the following order:
 - (a) Against the most recent increase in insurance;
 - (b) Against the next most recent increases in order;

(c) Against the initial amount of this rider.

(3) Any increase will require proof of insurability. An approved increase will have an effective date as shown on an amended Policy Schedule. The cost of insurance will not exceed the amount shown on the supplemental table of the same date.

(4) The death benefit of this rider on each Other Insured after any requested change must be at least \$10,000, but not more than the specified amount of the Policy.

05 No increase may occur after the earlier of the Other Insured's 75th birthday of the termination date of this rider for each Other Insured.

06 We may refuse any change You request which would disqualify this rider and the Policy as a life insurance Policy under the Internal Revenue Code for federal income tax purposes.

Cost of Insurance.

07 The monthly cost of insurance for this rider is the amount of this rider shown on the Policy Schedule times the cost of insurance rate shown in the Policy. The cost of insurance rate is determined by the sex, Attained Age and Underwriting Class of each Other Insured. The cost of insurance is determined each month by using each Other Insured's Age on the prior Policy Anniversary date. We may use lower rates than the guaranteed cost of insurance rates.

Beneficiary.

C8 Unless otherwise provided by notice to Us, the beneficiary of this rider is the Insured, if living. You shall be the beneficiary if the Insured does not survive the Other Insured. If no beneficiary is alive when the Other Insured dies, We will pay Your estate. You may change the beneficiary by following the procedure set forth in the Policy to which this rider is attached.

OTHER INSURED TERM INSURANCE RIDER - Continued

RENEWABLE AND CONVERTIBLE

Conversion.

09 You may convert the amount of insurance of this rider (or any lesser amount You specify) no later than the earlier of the Policy Anniversary date at the Other Insured's Age 65, or the termination date of the Other Insured's coverage shown on the Policy Schedule, and if:

- (1) The insurance has been in force at least one (1) year;
- (2) A written request is received within thirty-one (31) days of the date insurance stops; and
- (3) The required premium is received within sixty-one (61) days of the date insurance stops.

010 Conversion will be at the then Attained Age of the Other Insured, using rates then in effect for the sex and Underwriting Class for the Other Insured as shown on the Policy Schedule, with no need to give Us proof of insurability. Conversion may only be to any level premium permanent plan of insurance available from Us.

011 If You are not the Insured, You may convert the amount of this rider within thirty-one (31) days after the death of the Insured, subject to all the requirements above except the Age 65 limitation. If You do not convert the insurance on the Other Insured within thirty-one (31) days after the death of the Insured, then the Other Insured shall have the right during the fifteen (15) day period immediately following the 31st day, subject to the same requirements to convert the insurance provided by this rider.

012 If You are the Insured, then the Other Insured may convert the insurance, subject to the same requirements, within thirty-one (31) days following Your death.

Incontestability.

013 We may not contest this rider after it has been in force during the lifetime of the Other Insured for two (2) years from the effective date of the rider, except for increases in amount, fraud and/or non-payment of a needed premium. Further, We may not contest any increase in the amount of this rider after the increase has been in effect during the lifetime of the Other Insured for two (2) years from the effective date of the increase, except for fraud and/or non-payment of a needed premium.

If this rider is reinstated, We will not contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Other Insured is alive, except for fraud and/or non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

014 We cannot contest this rider or any benefits increased after the Policy date unless:

- (1) An answer in the application for this rider or increased benefits was not true or complete; and
- (2) If We had known the truth, We would not have issued this rider at the Underwriting Class shown on the Policy Schedule or increased the benefits at the Underwriting Class on an amended schedule.

Reliance.

015 We have issued this rider in reliance on the statements made in the applications. These statements are representations and not warranties. No statement will cause this rider to be rescinded or will be used in defense of a claim unless contained in a written application. Read the application for this rider. If any statement is not true or complete, please tell us.

OTHER INSURED TERM INSURANCE RIDER - Continued
RENEWABLE AND CONVERTIBLE

Suicide.

O16 We will not pay if the Other Insured commits suicide (while sane or insane) within two (2) years from the effective date of this rider. We will terminate this rider and pay the beneficiary the costs of insurance for this rider. Neither will We pay the amount of any requested increase in the amount of this rider if the Other Insured commits suicide (while sane or insane) within two (2) years from the effective date of the increase. We will pay the beneficiary the costs of insurance for such increase. When the laws of the state in which this rider is delivered require less than this two (2) year period, the period will be as stated in such laws.

Misstatement of Age or Sex.

O17 If the Other Insured's Age or sex has been misstated, We will adjust all benefits to the amount that would have been provided by the cost of insurance paid on the Monthly Anniversary Date preceding death using the correct Age and sex.

General Provision.

O18 This rider when shown on the Policy Schedule is part of the Policy to which it is attached. The date this rider takes effect is the issue date, or other date shown on the amended Policy Schedule of the Policy if added after the Policy is issued.

Termination.

O19 This rider will terminate when:

- (1) It reaches the termination date of this rider shown on the Policy Schedule;
- (2) You request it by written notice to Us; or
- (3) The Policy terminates.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)

A handwritten signature in black ink, appearing to read "C. Alan Ferguson". The signature is fluid and cursive, with the first name "C." and last name "Ferguson" clearly distinguishable.

C. Alan Ferguson
Secretary

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER

Definitions.

We, Us, Our - means Government Personnel Mutual Life Insurance Company (GPM).

You, Your - means the Owner of this Policy.

He, His, Him - means persons of either sex.

Age - means at any Policy Anniversary, the Insured's Age at the Insureds' last birthday. Age is sometimes called Attained Age.

Consideration.

D1 This rider is attached to and is a part of the Policy. It is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this rider is deducted from the Accumulation Value at the same time and in the same manner as the cost of insurance for the Policy. If the cost of insurance for any other rider attached to the Policy ceases to be deducted, then the part of the cost of insurance for this rider with respect to such other rider shall cease to be deducted.

Monthly Deduction.

D2 The monthly deduction is the monthly deduction as defined in the Policy.

Cost of Insurance.

D3 The monthly cost of insurance for this rider is equal to the product of A times B times C where:

- (A) Is a factor based on the Attained Age of the Insured and is shown in the Table of Factors.
- (B) Is the Underwriting Class multiple for the Insured and is shown on the Policy Schedule.
- (C) Is the monthly deduction.

Table of Factors For Determining Cost of Insurance for this Rider			
Attained Age	Factor	Attained Age	Factor
0-15	0.043	40	0.057
16	0.043	41	0.058
17	0.043	42	0.059
18	0.043	43	0.060
19	0.044	44	0.062
20	0.044	45	0.064
21	0.044	46	0.067
22	0.045	47	0.071
23	0.045	48	0.075
24	0.046	49	0.080
25	0.046	50	0.085
26	0.046	51	0.091
27	0.047	52	0.096
28	0.047	53	0.103
29	0.047	54	0.111
30	0.048	55	0.121
31	0.049	56	0.133
32	0.049	57	0.147
33	0.050	58	0.163
34	0.051	59	0.181
35	0.052	60	0.065
36	0.053	61	0.060
37	0.054	62	0.053
38	0.055	63	0.062
39	0.056	64	0.072

Total Disability.

D4 Total disability means:

- (1) During the first twenty-four (24) months of disability, the Insured must be unable to engage in His or Her regular occupation.

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

- (2) After twenty-four (24) months of disability or if the Insured was not engaged in an occupation when disability began, the Insured must be unable to engage in any occupation for which He or She is or could be suited by reason of education, training or experience.
- (3) The Insured has lost both hands, both feet, one hand and one foot, or the sight of both eyes.
- (4) Being a homemaker or student is considered engaging in an occupation.

Benefit.

D5 We will provide one of the following after the Insured's total disability has continued for four (4) consecutive months and a claim for total disability has been approved.

- (1) If total disability starts before Age 60, the monthly deduction, as defined in this rider, will be waived (not be deducted) from the Accumulation Value while total disability continues.
- (2) If total disability starts on or after Age 60 but before Age 63, the monthly deduction becoming due prior to Age 65 will be waived (not be deducted) from the Accumulation Value while total disability continues.
- (3) If total disability starts on or after Age 63 but before Age 65, the monthly deduction becoming due in the two (2) year period following the beginning of the disability will be waived (not be deducted) from the Accumulation Value while total disability continues.

D6 The monthly deduction falling due before We approve a total disability claim will be deducted from the Accumulation Value. If the claim is approved, the monthly deduction which was deducted after total disability had continued for four (4) consecutive months and otherwise could have been waived under the provisions of this rider will be credited to the Accumulation Value.

Automatic Change in Insurance Coverage.

D7 Upon receiving proof that the Insured is totally disabled so that the monthly deduction is waived in accordance with the provisions of this rider, if the type of death benefit in effect is Option A, it will be changed to Option B as of the next Monthly Anniversary Date after total disability has continued for four (4) consecutive months. In this event the Insured's specified amount will be equal to the Insured's death benefit prior to such change, less the Accumulation Value on the date of change.

D8 Upon:

- (1) Recovery of the Insured from total disability; or
- (2) The end of the benefit period if benefits are being received under D5(2) or D5(3) above;

the change described in the above paragraph will remain in effect unless the Owner then makes a written request for further change as provided in the Policy.

D9 No change in insurance coverage may be made during a period of total disability while the monthly deduction is not being deducted except:

- (1) The automatic change described above; and
- (2) Any increase(s) which result(s) from exercising options under any guaranteed insurability or purchase option rider.

Limitations.

D10 No benefit will be provided by this rider if disability results from:

- (1) Attempted suicide, while sane or insane;
- (2) Injuries received while He was committing a felony or trying to commit one, or while resisting arrest;
- (3) Injuries that He received or which resulted from operating, riding in, or descending from any type of aircraft if He:

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

- (a) Is a pilot, officer, or member of the crew; or
- (b) Is giving or getting any type of training; or
- (c) Has any duty on such aircraft.
- (4) Injuries resulting from war, declared or not, any act of war or aggression, insurrection, or riot;
- (5) Injuries sustained in consequence of the Insured voluntarily being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician.
- (6) No benefit will be paid if the Insured is disabled because of willfully or intentionally self-inflicted injuries, whether sane or insane.
- (7) Injuries or disease which occur while this rider was not in force or while the Policy remained in force under any of its Nonforfeiture terms.

Notice of Proof of Claim.

D11 Written notice of a claim and due proof of total disability must be received by Us.

- (1) While the Insured is living; and
- (2) Within one (1) year after disability starts.

Failure to give notice and proof within one (1) year will not void a claim if it is shown that the notice and proof were given as soon as possible; however, no monthly deduction deducted more than two (2) years prior to the proof of claim will be credited to the Accumulation Value.

D12 Prior to the approval of any claim, We will have the right to have one or more physicians examine the Insured at Our expense as often as We may reasonably require.

Proof of Continuance.

D13 After approval of a total disability claim, We may

- (1) Require due proof of the continuance of total disability; and
- (2) Have one or more physicians designated to examine the Insured at reasonable intervals at Our expense.

After total disability has continued for two (2) full years, We will not require proof of continuance of total disability more than once a year. If the Insured is disabled at Age 65, and total disability has continued for five (5) consecutive years, We will require no more proof. Monthly deductions will be waived thereafter while the Policy remains in force.

The monthly deduction will not be waived if:

- (1) Proof of continuance of total disability is not furnished upon request; or
- (2) The Insured fails to submit to examination.

Notice of Recovery.

D14 The Owner shall give immediate notice to Us when the Insured recovers from total disability.

Recurrence of Prior Disability.

D15 If, following recovery from a total disability which has continued for at least four (4) consecutive months, the Insured suffers another total disability which:

- (1) Begins within thirty (30) days of recovery; and
- (2) Is due to the same or related causes as the prior total disability;

then, total disability shall be deemed to have been continuous.

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

Exchanges or Increases in Specified Amount.

D16 If the Policy is exchanged for another plan of insurance or the specified amount is increased; the benefits provided by this rider shall not be included as a part of the new Policy or increase unless evidence of insurability of the Insured satisfactory to Us is submitted at the time of exchange or increase. If the Policy is exchanged or increased while the Insured is disabled, waiver of benefits will not be granted under the new Policy unless agreed to by GPM.

Representations and Contestability.

D17 All statements made in the application for this rider will, in the absence of fraud, be deemed representations and not warranties. The validity of this rider shall not be contestable after it has been in force for two (2) years during the lifetime of the Insured, except for fraud and/or non-payment of a needed premium.

D18 Any increase in coverage effective after the issue date or any reinstatement shall not be contestable after such increase or reinstatement has been in force during the lifetime of the Insured for two (2) years from its effective date, except for fraud and/or non-payment of a needed premium. A contest will be based only on the application for the increase or reinstatement.

Effective Date.

D19 The effective date of coverage under this rider shall be as follows:

- (1) The issue date shall be the effective date for all coverage provided in the original application.
- (2) For any rider issued after the issue date, or any increase in coverage, the effective date shall be the date shown on a supplement to the Policy Schedule.
- (3) For any insurance that has been reinstated, the effective date shall be the Monthly Anniversary Date that falls on or next follows the date We approve the reinstatement.

Termination of Rider.

D20 This rider terminates:

- (1) Upon the Policy Anniversary on or next following the Insured's 65th birthday;
- (2) On the Monthly Anniversary Date on or next following the date We receive a written request from the Owner.
- (3) Upon termination of the Policy; or
- (4) When the Policy matures.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)



C. Alan Ferguson
Secretary

GUARANTEED BENEFIT INCREASE OPTION RIDER

General Provisions and Definitions.

This rider gives added benefits, and is part of the Policy to which it is attached.

Consideration for it is the application and deduction of its monthly cost as described in the monthly cost of insurance rates section of this rider.

The date this rider takes effect is the issue date, shown on the Schedule Page of the Policy.

The terms and conditions of the Policy shall apply to this rider, unless inconsistent with its terms.

We, Us, Our - means Government Personnel Mutual Life Insurance Company (GPM).

You, Your - means the Owner of this Policy.

He, His, Him - means persons of either sex.

Marriage - means a Marriage ceremony recognized by applicable law.

We will require proof of any Marriage, birth, or Adoption which sets an alternative option date.

What are the Benefits of this Rider?

G1 You may increase the Policy's specified amount on the life of the Insured as of each or any of the option dates or alternative option dates set out in this rider. No evidence of insurability will be required.

G2 We will automatically give term insurance on the Insured's life for three (3) months from the date of any of the events which set an alternative option date.

G3 The Owner may not have an insurable interest in the Insured's life on any option date or alternative option date. For that reason, He might be prohibited by law from applying for an increase in the specified amount. The Insured may then apply for it.

What Are the Terms and Conditions for Increasing Specified Amount?

G4 For You to have the right to apply for an increase under the terms of this rider:

- (1) You must apply in writing to Us.
- (2) The Policy and this rider must be in force with no premium in default beyond the grace period for such payment.
- (3) The Insured must be alive on the date the increase takes effect.

G5 These terms and conditions apply to any increase You receive under this rider:

- (1) The increase shall take effect on the Monthly Anniversary Date on or next following the option date or alternative option date as of which it is bought.
- (2) The amount of the increase in specified amount may not exceed the option amount shown on the Schedule Page of the Policy.
- (3) The Age will be the Insured's Attained Age on the effective date of the increase. Underwriting class will be the same as it is on the Policy.
- (4) A waiver of cost of insurance rider will automatically apply to the increase if it is included in the Policy unless the Insured is then disabled as defined by the terms of the benefit rider.
- (5) If the Policy has an accidental death benefit rider, it may also be increased by the amount of increase under any option elected. The total amount of accidental death benefit on the life of the Insured issued by Us may not exceed Our published accidental death benefit limits.

GUARANTEED BENEFIT INCREASE OPTION RIDER - Continued

G6 No increase in specified amount will be provided before its effective date. If application is made for an increase under this rider but the Insured dies before any increase takes effect, any monthly deduction made for it will be refunded.

What Are the Option Date?

G7 The option dates under this rider will be the Policy anniversaries on which the Insured's Age is 25, 28, 31, 34, 37 and 40. Anniversaries which may have occurred on or before the effective date of this rider are excluded. Any option date that has been eliminated by the exercise of an alternative option date is also excluded. The final option date will not be later than the date this rider terminates as shown on the Schedule Page of the Policy.

What Are the Alternative Option Dates?

G8 The alternative option dates will be the dates three (3) months after each of these events:

- (1) The Marriage of the Insured;
- (2) Each birth of a living child to the Insured and spouse during the Insured's lifetime; and
- (3) Legal Adoption of each child adopted by the Insured.

G9 Such Marriage, birth or Adoption must occur while this rider is in force.

Exercise of Alternative Options Cancels Regular Options.

G10 Each increase in specified amount as of an alternative option date will cancel the first option date which occurs on or after such alternative option date and which has not already been cancelled. No increase in specified amount can be made under this rider as of any option date which has been cancelled.

G11 In event of a multiple birth or Adoption of more than one child at the same time, multiple increases can be taken on the same alternative option date. The number of option dates cancelled will be counted on the same basis as if such increase had not been combined. However, canceling all future option dates shall not preclude the taking of an increase under this rider as of any event setting an alternative option date which occurs while this rider is in force.

Right to Contest and Suicide Provisions on Increase of Specified Amount.

G12 The period of time stated in the incontestability and suicide provisions in any increase in specified amount taken under this rider will run, not from the date of the increase in specified amount, but from the date of issue of this rider.

Monthly Cost of Insurance Rates.

G13 The monthly cost of insurance for this rider is added to the monthly deduction for the Policy. It is figured by multiplying the monthly rate shown in the following table for the Insured's Attained Age per each \$1,000 of option amount on the Schedule Page of the Policy.

Attained Age	Monthly Rate	Attained Age	Monthly Rate
0-21	\$.05	31	\$.12
22-23	.06	32	.13
24-25	.07	33	.14
26-27	.08	34	.15
28	.09	35	.16
29	.10	36	.17
30	.11	37-39	.18

GUARANTEED BENEFIT INCREASE OPTION RIDER- Continued

Our Right to Contest is Limited.

G14 We cannot contest this rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date, except for non-payment of a needed premium.

If this rider is reinstated, We cannot contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for non-payment of a needed premium.

We will rely on material representations made in the reinstatement application.

How Will this Rider Terminate?

G15 This rider will terminate under any of the following conditions:

- (1) If You have used all Your options under this rider;
- (2) On the Monthly Anniversary Date on or next following the date We receive written request of the Owner;
- (3) Upon reaching the termination date shown on the Schedule Page of this Policy.

G16 No monthly deduction for this rider will be made after this rider terminates.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)

A handwritten signature in black ink, appearing to read "C. Alan Ferguson". The signature is fluid and cursive, with the first name "C." and last name "Ferguson" clearly distinguishable.

C. Alan Ferguson
Secretary

<i>SERFF Tracking Number:</i>	<i>ABAI-125814970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Government Personnel Mutual Life Insurance</i>	<i>State Tracking Number:</i>	<i>40269</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>UL riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ABAI-125814970 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 40269
Company
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: UL riders
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/12/2008

Comments:

Attachments:

Bulletin 11-83 -59I.pdf
Bulletin 11-83 -59J.pdf
Bulletin 11-83 -59K.pdf
Bulletin 11-83 -59L.pdf
Readability Certification -59I.pdf
Readability Certification -59J.pdf
Readability Certification -59K.pdf
Readability Certification -59L.pdf
Regulation 19 -59I.pdf
Regulation 19 -59J.pdf
Regulation 19 -59K.pdf
Rule and Regulation 19 -59L.pdf
Regulation 49 -59I.pdf
Regulation 49 -59J.pdf
Regulation 49 -59K.pdf
Regulation 49 -59L.pdf
Bulletin 11-83 - 59H.pdf
Readability Certification - 59H.pdf
Regulation 19 - 59H.pdf
Regulation 49 - 59H.pdf

Review Status:

Satisfied -Name: cover letter

09/15/2008

Comments:

Attachments:

AR filing.pdf
gpm authorization.pdf
Rider Descriptions.pdf

SERFF Tracking Number: ABAI-125814970 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 40269
Company
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: UL riders
Project Name/Number: /

Review Status:

Satisfied -Name: stmt of variability

09/15/2008

Comments:

Attachments:

59H Statement of Variability.pdf
59I Statement of Variability.pdf
59J Statement of Variability.pdf
59K Statement of Variability.pdf
59L Statement of Variability.pdf

Review Status:

Satisfied -Name: marketing disclosure

09/15/2008

Comments:

Attachments:

59HMKD.pdf
59IMKD.pdf
59JMKD.pdf
59KMKD.pdf
59LMKD.pdf

AR certification2

ARKANSAS

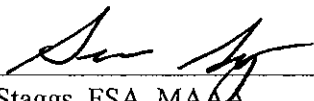
SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59I OIR08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 11-83 and the form complies with these guidelines.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS


SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59J COI08

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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS

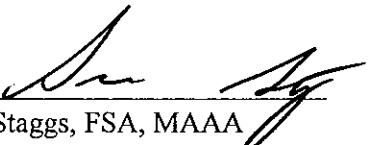
SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59K UAD08

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Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS

SUBJECT -

Individual Life

 X

Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59L GBI08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 11-83 and the form complies with these guidelines.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59L GBI08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.




Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59L GBI08

This is to certify that any changes in the information on the policy computer pages will require the company to submit the new computer page(s) to the Department for prior approval - except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE


PA (2)

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59L GBI08

FORM TITLE Guaranteed Benefit Increase Option Rider

This is to certify that we will not contest coverage based on additional information obtained by a telephone interview conducted after the application has been submitted to the company unless the additional information is agreed to in writing by the applicant.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE

VERMONT

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59L GBI08

This is to certify that the grace period and policy termination comply with Vermont's secondary notice of policy termination requirements (8 VSA 3742(c), Insurance Bulletin 148).



Sean Staggs, FSA, MAA

Asst. Vice President & Associate Actuary

 JUN 27 2008

Date

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

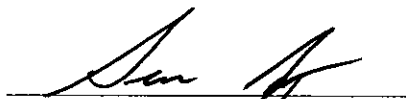
FORM NUMBER

FLESCH SCORE

59I OIR08

55.7

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

59J COI08

46.5

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MA

Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

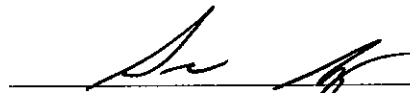
INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER FLESCH SCORE

59K UAD08

61.1

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER FLESCH SCORE

59L GBI08

54.2

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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

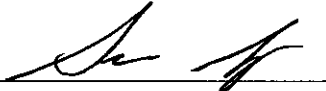
SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59I OIR08

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59J COI08

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

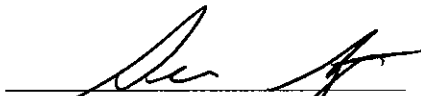
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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59L GBI08

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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59I OIR08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

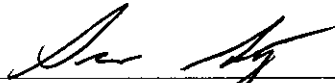
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FORM NUMBER

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Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59L GBI08

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Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59H AIR08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 11-83 and the form complies with these guidelines.

A handwritten signature in black ink, appearing to read 'Sean Staggs', is written over a horizontal line.

Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

59H AIR08

59.5

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

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Sean Staggs, FSA, MAA
Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

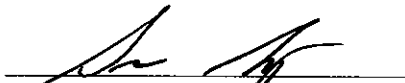
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INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

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Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary



September 12, 2008

Commissioner of Insurance
Department of Insurance
Compliance – Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: **Government Personnel Mutual Life Insurance Company**

NAIC Number	63967
FEIN Number	74-0651020
59K UAD08	Accidental Death Benefit Rider
59H AIR08	Additional Term Insurance Rider
59I OIR08	Other Insured Term Insurance Rider
59J COI08	Waiver of Cost of Insurance for Total Disability Rider
59L GBI08	Guaranteed Benefit Increase Option Rider

Dear Sir:

On behalf of Government Personnel Mutual Life Insurance Company (GPM), I hereby submit the above referenced forms for review and approval. A letter authorizing Allen Bailey and Associates to file on the company's behalf is enclosed.

These rider forms will be used with universal life policy form 59C UL2008 which is currently pending approval at your department under SERFF filing number GPML-125744044. These riders offer supplemental benefits as described in the attachment. Actuarial memorandums are included for the riders.

These forms are in final print format; however we reserve the right to change the format of the forms due to technological advances.

If you have any questions regarding this filing, please do not hesitate to contact me either by phone at 512-502-8800 or by email at khefner@allenbailey.com. As always, thank you for your consideration.

Sincerely,

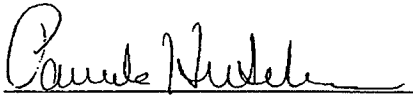
Kim Hefner, FLMI, AIRC
Compliance Manager

Government Personnel Mutual Life Insurance Company
P. O. Box 659567,
San Antonio, TX 78265-9567

TO: Department of Insurance

LETTER OF AUTHORIZATION

This letter, or a copy thereof, gives Allen Bailey and Associates, Inc. the authority to represent Government Personnel Mutual Life Insurance Company in the submission of policy forms. This authorization shall be valid until revoked by us.



Pamela Hutchins, FSA, MAAA
Senior Vice President and Chief Actuary

JUN 26 2008

Date

Rider Descriptions

59H AIR08 - Additional Insurance Rider form. The death benefit comes in one of two forms selected at issue. A level death benefit or a decreasing death benefit based on a specific formula. It provides annually renewable term insurance on the primary insured on the basic policy. It provides a death benefit to a termination date shown on the Policy Schedule of the base policy. This death benefit can be increased (with insurability evidence) or decreased, but not past age 75. It also has conversion privileges to the termination date but not greater than age 65 (provides for increase in Specified Amount of base policy). Male and female insureds eligible. Minimum size is \$10,000. Can be renewed to the termination date. Issue ages 0-70.

59I OIR08 – Other Insured Term Insurance Rider. Provides annually renewable term insurance on the person name in the Policy Schedule, who is someone other than the primary insured on the basic policy. Common use will be for coverage on the primary insured's spouse. Benefits include: (a) 31 day extended coverage in the event of the primary insured's death; (b) death benefit (to a termination date shown on the Policy Schedule) which can be increased (with evidence of insurability) or decreased, within limits to age 75; and (c) conversion privileges to the termination date but not greater than age 65. Issue ages 0-60; male and female insureds eligible. Minimum size is \$10,000; maximum not to exceed the specified amount of base policy. Renewable to the termination date.

59J COI08 – Waiver of Cost of Insurance for Total Disability Rider. Provides for the waiver of future cost of insurance payable in event of disability, as defined in the provisions, prior to age 60. Limited benefit to age 65 or for two years, whichever is later, in event of disability between ages 60 and 65. Monthly deductions continue to age 65 or earlier maturity or expiry of the policy. Issue ages 0 through 59, male and female insureds. Use restricted to Flexible Premium Adjustable (Universal) Life plans.

59K UAD08 - Accidental Death Benefit Rider. Provides additional indemnity in the event of death by accidental means as defined in the provisions of the Accidental Death Benefit Rider. Benefit to Age 70 or earlier expiry or maturity date of the policy. Monthly deductions continue to age 70 or earlier maturity or expiry date of the policy. Issue ages 0 through 60, male and female insureds eligible. Use restricted to Flexible Premium Adjustable (Universal) Life plans.

59L GBI08 - Guaranteed Benefit Increase Option Rider. Provides for optional increases in the Specified Amount of the base policy, on an attained age basis at certain specified ages ("Option Date" – ages 25 – 28 – 31 – 34 – 37 – 40) as shown on Page 3 of the policy or on the occurrence of certain specified events ("Alternative Option Dates"). Issue ages 0 through 38, male and female insureds, with monthly deductions which vary by attained age continuing to age 40. Use restricted to Flexible Premium Adjustable (Universal) Life plans.

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER **59H AIR08**

This is to certify that any changes in the information on the policy computer pages will require the company to submit the new computer page(s) to the Department for prior approval - except for changes in "John Does" information specifically relating to a particular insured.


Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary


JUN 27 2008
DATE

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER **59I OIR08**

This is to certify that any changes in the information on the policy computer pages will
require the company to submit the new computer page(s) to the Department for prior approval
- except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008
DATE

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER **59J COI08**

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Sean Staggs, FSA, MA, AA

Assistant Vice President & Associate Actuary

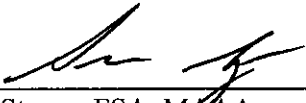
JUN 27 2008
DATE

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER **59K UAD08**

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- except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE


PA (2)

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59K UAD08

FORM TITLE Accidental Death Benefit Rider

This is to certify that we will not contest coverage based on additional information obtained by a telephone interview conducted after the application has been submitted to the company unless the additional information is agreed to in writing by the applicant.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE

VERMONT


SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

59K UAD08

This is to certify that the grace period and policy termination comply with Vermont's secondary notice of policy termination requirements (8 VSA 3742(c), Insurance Bulletin 148).


Sean Staggs, FSA, MAAA
Asst. Vice President & Associate Actuary


 JUN 27 2008
Date

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59L GBI08

This is to certify that any changes in the information on the policy computer pages will require the company to submit the new computer page(s) to the Department for prior approval - except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE


PA (2)

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 59L GBI08

FORM TITLE Guaranteed Benefit Increase Option Rider

This is to certify that we will not contest coverage based on additional information obtained by a telephone interview conducted after the application has been submitted to the company unless the additional information is agreed to in writing by the applicant.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

JUN 27 2008

DATE

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SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

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Sean Staggs, FSA, MAAA

Asst. Vice President & Associate Actuary

 JUN 27 2008

Date

MKD

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
San Antonio, Texas

DISCLOSURE OF MARKETING INTEREST AND INFORMATION

FORM NUMBER - 58N CIR08

1. Marketed on individual basis.
2. No special market intended.
3. No deviation from standard underwriting rules.
4. No limitation of use.
5. No changes in benefits.
6. Commissions and gross premium rates are consistent with GPM's other plans.
7. No deviation from GPM's usual retention. ☐

MKD

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
San Antonio, Texas

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SERFF Tracking Number: ABAI-125814970 State: Arkansas

Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 40269

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: UL riders

Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	waiver of cost of insurance rider	09/15/2008	59J COI08-Basic-Bookmarked.pdf

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER

Definitions.

We, Us, Our - means Government Personnel Mutual Life Insurance Company (GPM).

You, Your - means the Owner of this Policy.

He, His, Him - means persons of either sex.

Age - means at any Policy Anniversary, the Insured's Age at the Insureds' last birthday. Age is sometimes called Attained Age.

Consideration.

D1 This rider is attached to and is a part of the Policy. It is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this rider is deducted from the Accumulation Value at the same time and in the same manner as the cost of insurance for the Policy. If the cost of insurance for any other rider attached to the Policy ceases to be deducted, then the part of the cost of insurance for this rider with respect to such other rider shall cease to be deducted.

Monthly Deduction.

D2 The monthly deduction is the monthly deduction as defined in the Policy.

Cost of Insurance.

D3 The monthly cost of insurance for this rider is equal to the product of A times B times C where:

- (A) Is a factor based on the Attained Age of the Insured and is shown in the Table of Factors.
- (B) Is the Underwriting Class multiple for the Insured and is shown on the Policy Schedule.
- (C) Is the monthly deduction.

Table of Factors For Determining Cost of Insurance for this Rider			
Attained Age	Factor	Attained Age	Factor
0-15	0.043	40	0.057
16	0.043	41	0.058
17	0.043	42	0.059
18	0.043	43	0.060
19	0.044	44	0.062
20	0.044	45	0.064
21	0.044	46	0.067
22	0.045	47	0.071
23	0.045	48	0.075
24	0.046	49	0.080
25	0.046	50	0.085
26	0.046	51	0.091
27	0.047	52	0.096
28	0.047	53	0.103
29	0.047	54	0.111
30	0.048	55	0.121
31	0.049	56	0.133
32	0.049	57	0.147
33	0.050	58	0.163
34	0.051	59	0.181
35	0.052	60	0.065
36	0.053	61	0.060
37	0.054	62	0.053
38	0.055	63	0.062
39	0.056	64	0.072

Total Disability.

D4 Total disability means:

- (1) During the first twenty-four (24) months of disability, the Insured must be unable to engage in His or Her regular occupation.

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

- (2) After twenty-four (24) months of disability or if the Insured was not engaged in an occupation when disability began, the Insured must be unable to engage in any occupation for which He or She is or could be suited by reason of education, training or experience.
- (3) The Insured has lost both hands, both feet, one hand and one foot, or the sight of both eyes.
- (4) Being a homemaker or student is considered engaging in an occupation.

Benefit.

D5 We will provide one of the following after the Insured's total disability has continued for four (4) consecutive months and a claim for total disability has been approved.

- (1) If total disability starts before Age 60, the monthly deduction, as defined in this rider, will be waived (not be deducted) from the Accumulation Value while total disability continues.
- (2) If total disability starts on or after Age 60 but before Age 63, the monthly deduction becoming due prior to Age 65 will be waived (not be deducted) from the Accumulation Value while total disability continues.
- (3) If total disability starts on or after Age 63 but before Age 65, the monthly deduction becoming due in the two (2) year period following the beginning of the disability will be waived (not be deducted) from the Accumulation Value while total disability continues.

D6 The monthly deduction falling due before We approve a total disability claim will be deducted from the Accumulation Value. If the claim is approved, the monthly deduction which was deducted after total disability had continued for four (4) consecutive months and otherwise could have been waived under the provisions of this rider will be credited to the Accumulation Value.

Automatic Change in Insurance Coverage.

D7 Upon receiving proof that the Insured is totally disabled so that the monthly deduction is waived in accordance with the provisions of this rider, if the type of death benefit in effect is Option A, it will be changed to Option B as of the next Monthly Anniversary Date after total disability has continued for four (4) consecutive months. In this event the Insured's specified amount will be equal to the Insured's death benefit prior to such change, less the Accumulation Value on the date of change.

D8 Upon:

- (1) Recovery of the Insured from total disability; or
- (2) The end of the benefit period if benefits are being received under D5(2) or D5(3) above;

the change described in the above paragraph will remain in effect unless the Owner then makes a written request for further change as provided in the Policy.

D9 No change in insurance coverage may be made during a period of total disability while the monthly deduction is not being deducted except:

- (1) The automatic change described above; and
- (2) Any increase(s) which result(s) from exercising options under any guaranteed insurability or purchase option rider.

Limitations.

D10 No benefit will be provided by this rider if disability results from:

- (1) Attempted suicide, while sane or insane;
- (2) Injuries received while He was committing a felony or trying to commit one, or while resisting arrest;
- (3) Injuries that He received or which resulted from operating, riding in, or descending from any type of aircraft if He:

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

- (a) Is a pilot, officer, or member of the crew; or
- (b) Is giving or getting any type of training; or
- (c) Has any duty on such aircraft.
- (4) Injuries resulting from war, declared or not, any act of war or aggression, insurrection, or riot;
- (5) Injuries sustained in consequence of the Insured voluntarily being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician.
- (6) No benefit will be paid if the Insured is disabled because of willfully or intentionally self-inflicted injuries, whether sane or insane.
- (7) Injuries or disease which occur while this rider was not in force or while the Policy remained in force under any of its Nonforfeiture terms.

Notice of Proof of Claim.

D11 Written notice of a claim and due proof of total disability must be received by Us.

- (1) While the Insured is living; and
- (2) Within one (1) year after disability starts.

Failure to give notice and proof within one (1) year will not void a claim if it is shown that the notice and proof were given as soon as possible; however, no monthly deduction deducted more than two (2) years prior to the proof of claim will be credited to the Accumulation Value.

D12 Prior to the approval of any claim, We will have the right to have one or more physicians examine the Insured at Our expense as often as We may reasonably require.

Proof of Continuance.

D13 After approval of a total disability claim, We may

- (1) Require due proof of the continuance of total disability; and
- (2) Have one or more physicians designated to examine the Insured at reasonable intervals at Our expense.

After total disability has continued for two (2) full years, We will not require proof of continuance of total disability more than once a year. If the Insured is disabled at Age 65, and total disability has continued for five (5) consecutive years, We will require no more proof. Monthly deductions will be waived thereafter while the Policy remains in force.

The monthly deduction will not be waived if:

- (1) Proof of continuance of total disability is not furnished upon request; or
- (2) The Insured fails to submit to examination.

Notice of Recovery.

D14 The Owner shall give immediate notice to Us when the Insured recovers from total disability.

Recurrence of Prior Disability.

D15 If, following recovery from a total disability which has continued for at least four (4) consecutive months, the Insured suffers another total disability which:

- (1) Begins within thirty (30) days of recovery; and
- (2) Is due to the same or related causes as the prior total disability;

then, total disability shall be deemed to have been continuous.

WAIVER OF COST OF INSURANCE FOR TOTAL DISABILITY RIDER - Continued

Exchanges or Increases in Specified Amount.

D16 If the Policy is exchanged for another plan of insurance or the specified amount is increased; the benefits provided by this rider shall not be included as a part of the new Policy or increase unless evidence of insurability of the Insured satisfactory to Us is submitted at the time of exchange or increase. If the Policy is exchanged or increased while the Insured is disabled, waiver of benefits will not be granted under the new Policy unless agreed to by GPM.

Representations and Contestability.

D17 All statements made in the application for this rider will, in the absence of fraud, be deemed representations and not warranties. The validity of this rider shall not be contestable after it has been in force for two (2) years during the lifetime of the Insured, except for non-payment of a needed premium.

D18 Any increase in coverage effective after the issue date or any reinstatement shall not be contestable after such increase or reinstatement has been in force during the lifetime of the Insured for two (2) years from its effective date, except for non-payment of a needed premium. A contest will be based only on the application for the increase or reinstatement.

Effective Date.

D19 The effective date of coverage under this rider shall be as follows:

- (1) The issue date shall be the effective date for all coverage provided in the original application.
- (2) For any rider issued after the issue date, or any increase in coverage, the effective date shall be the date shown on a supplement to the Policy Schedule.
- (3) For any insurance that has been reinstated, the effective date shall be the Monthly Anniversary Date that falls on or next follows the date We approve the reinstatement.

Termination of Rider.

D20 This rider terminates:

- (1) Upon the Policy Anniversary on or next following the Insured's 65th birthday;
- (2) On the Monthly Anniversary Date on or next following the date We receive a written request from the Owner.
- (3) Upon termination of the Policy; or
- (4) When the Policy matures.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
(Referred to above as GPM)



C. Alan Ferguson
Secretary